



## Important Claims Submission Information

Claims with 2018 dates of service must be submitted to HAP by one of the methods below.

- Electronically
- Mail. See table below for addresses.

HMO Claims	Health Alliance Plan 2850 W. Grand Blvd. Detroit, MI 48202
Alliance Health and Life Company Claims	Alliance Health and Life Insurance Company PO Box 02459 Detroit, MI 48202-2459
PHP/HAP Preferred Claims	HAP Preferred Operations PO Box 02399 Detroit, MI 48202
<b>Be sure to check the back of the member's ID card for the appropriate claims submission address.</b>	

### HealthPlus Claims

- We are no longer accepting or processing claims for any HealthPlus line of business.
- We are receiving 2018 claims with former HealthPlus member ID numbers which will result in a payment delay.
- Claims must include the correct HAP member ID number.



## Enhancement to Online Claims Appeals

Recently, additional appeal types were added to our online claims application. The table below describes each type.

Appeal Type	Description
Authorization	Authorization was obtained for the service or no authorization was required for the service.
Pricing Dispute	The claim was not processed at the correct contracted rate (overpayment/underpayment).
Provider Participation Status Incorrect	The claim was processed as non-contracted with HAP but provider is contracted, or the claim was processed as in network and the provider is not contracted with HAP
Member Liability	Copay/deductible/coinsurance should not have applied or should have applied to the claim, or the member's liability should be.
Service is not a Duplicate	The service is not a duplicate of a previously submitted claim .
Cigna/Multiplan Pricing Dispute	The claim was not processed at the correct contracted Cigna/Multiplan rate.
Pricing Sheet Request	A copy of the Explanation of Payment was not received from the TPA.
Coordination of Benefits	The service is not a duplicate of a previously submitted claim

In the near future, you can obtain a list of claims that you submitted for appeal. Watch the Provider Newsroom for updates.

We are confident these enhancements will provide a more efficient means of processing claims appeals.

### Accessing the online claims application

(Note: PHI removed in the following screen shots.)

1. Log in at **hap.org**; select *Claims*.
2. Search for the claims you want to appeal.
3. Select *Appeal*. Note: Claims currently being appealed are displayed with *Appeal in Process*.

CLAIM SUMMARY											
Provider Name:											
Provider NPI:											
HAP Claim Number:											
Overall Claim Status: Received and Finalized											
ICD Indicator: 10											
Date Received: 12/07/2017											
Date of Service: 10/03/2017											
Total Billed Amount: \$225.00											
Patient Account Number:											
Member Id:											
Member Name:											
Line Item	Request Appeal	Procedure Code	Modifier Code	Qty	Payment Status	Explanation Code	Billed Amount	Net Amount	Interest Amount	Payment Number	Payment Date
1	Appeal	99214	25	1	Paid	E11	\$134.00	\$74.66	\$0.00		12/13/2017
2	Appeal In Process	90362		1	Paid	E11	\$65.00	\$48.04	\$0.00		12/13/2017
3	Appeal	C9008		1	Paid	E11	\$26.00	\$25.35	\$0.00		12/13/2017
Explanation Code Legend											
Code	Description										
E11	FEE SCHEDULE REIMBURSEMENT										
<a href="#">View Remittance Advice</a>											

- Select the claims you want to appeal. Note: line item 2 is unavailable as it's already being appealed.

**Select Appeal**

**CLAIM SUMMARY**

Provider Name:  
 Provider NPI:  
 HAP Claim Number:  
 Overall Claim Status: Received and Finalized  
 ICD Indicator: 10  
 Date Received: 12/07/2017  
 Date of Service: 10/03/2017  
 Total Billed Amount: \$225.00  
 Patient Account Number:  
 Member Id:  
 Member Name:

**LINE ITEMS FOR APPEAL**

<input type="checkbox"/> Check All	Line Item	Procedure Code	Modifier Code	Qty	Payment Status	Billed Amount	Net Amount
<input type="checkbox"/>	1	99214 ?	25	1	Paid	\$134.00	\$82.96
<input type="checkbox"/>	2	90662 ?		1	Paid	\$65.00	\$48.04
<input type="checkbox"/>	3	G0008 ?		1	Paid	\$26.00	\$25.35

Appeal Type:

- Select Appeal Type.

Appeal Type:\*

- AUTHORIZATION
- PRICING DISPUTE
- PROVIDER PARTICIPATION STATUS INCORRECT
- MEMBER LIABILITY
- SERVICE IS NOT A DUPLICATE
- CIGNA/MULTIPLAN PRICING DISPUTE
- PRICING SHEET REQUEST
- COORDINATION OF BENEFITS

- Complete the fields and submit.

START

HAP RN calls facility to request clinical information on members on their LCD.

HAP RN will give fax number (313) 664-5914 to facility to fax clinical reviews. HAP RN will also give contact information if questions arise

Clinical review is due the **following business day by 2pm.**

LCD is based off of McKesson's Interqual for commercial membership/ CMS LOS for Medicare membership or HAP Criteria LOS per diagnosis

Is clinical received by 2pm?

YES

Day is medically screened using Interqual concurrent review flow

Does case meet medical necessity for additional days?

YES

Day is approved and HAP RN will inform Facility of LCD for next review

NO

No further days will be authorized and no additional concurrent reviews would be requested.

NO

Clinical received is reviewed by HAP medical director for determination for medical necessity

Is additional day approved?

YES

NO

Significant change of clinical can be called to admission team or a Physician peer to peer. 313 664 -8833 option #3 M-F 8am-5pm

Options for overturn

P2P OVERTURN

APPEAL

Follow normal appeals process as found on denial letter instructions

Day is Medically denied. HAP RN will inform facility via phone. Denial letter issued. All days until discharge will be denied. No further concurrent review required.



## **Behavioral Health Services-New Partnership for After-Hours Calls**

We are happy to announce a partnership with ProtoCall Services, Inc., the nation's leading provider for specialty telephonic behavioral health services. Since 1992, ProtoCall has supported behavioral health organizations and systems of care.

Beginning Monday, June 4, 2018, ProtoCall will manage all after hours behavioral health calls for the HAP Coordinated Behavioral Health Management department. After hours includes:

- After 5 p.m., Monday-Friday
- Weekends (all day Saturday and Sunday)
- HAP-observed holidays\*

Providers will continue to call the CBHM department at (800) 444-5755 after 5:00 pm, weekends and HAP-observed holidays. The calls will be routed to ProtoCall.

In addition, the inpatient admission process will change after 5 p.m. weekdays, and on weekends and HAP-observed holidays. Behavioral health admissions during normal business hours, Monday–Friday, 8 a.m. to 5 p.m., has not changed.

### **Process – Inpatient psychiatric and chemical dependency admissions**

- Emergency departments will be responsible for finding open beds for their HAP patients for behavioral health admission during normal business hours and after 5 p.m. weekdays, and on weekends and HAP-observed holidays.
- Facilities with admissions after 5 p.m. weekdays, and on weekends and HAP observed holidays will contact HAP's CBHM department at (800) 444-5755 with clinical information the next business day for continued authorization.
- ProtoCall will manage calls after 5 p.m. during the weekday, and on weekends and HAP-observed holidays.

Watch HAP's Provider Newsroom for updates. Log in at [hap.org](http://hap.org) and select *Provider Newsroom* under *Quick Links*. If you have any questions, please contact HAP Provider Services at [prelweb1@hap.org](mailto:prelweb1@hap.org) or call (866) 766-4708.

\*HAP observed holidays: New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day and Labor Day, Thanksgiving Day, Christmas Eve and Day.



## Chiropractic Services for Medicare Members

Providers must follow Medicare guidelines when billing for chiropractic services for HAP Medicare members as outlined below.

- **Covered Procedure codes**
  - 98940: Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
  - 98941: Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
  - 98942: Chiropractic manipulative treatment (CMT); spinal, 5 regions

**Note: Modifier AT must be submitted on the line**

- **One of the following diagnosis codes must be submitted in the first diagnosis field.**
  - M99.00: Segmental and somatic dysfunction of head region
  - M99.01: Segmental and somatic dysfunction of cervical region
  - M99.02: Segmental and somatic dysfunction of thoracic region
  - M99.03: Segmental and somatic dysfunction of lumbar region
  - M99.04: Segmental and somatic dysfunction of sacral region
  - M99.05: Segmental and somatic dysfunction of pelvic region

For more information, please refer to:

- **cms.gov** and search for LCD 34585.
- The attached policy *Chiropractic Evaluation and Manipulation [combining Chiropractic Evaluation and Manipulation for HAP-AHL and QHP Members & Chiropractic Evaluation and Manipulation for Medicare Advantage Members]*. This policy can be found in HAP's Benefit Administration Manual when you log in at **hap.org**.



## Diabetes Prevention Program for HAP Medicare Advantage Members

HAP is partnering with the National Kidney Foundation of Michigan to provide a diabetes prevention program. This lifestyle change program helps people with prediabetes eat healthier, become more physically active, and lose weight with the goal to delay or even prevent the onset of type 2 diabetes.

Effective April 2018, the program is covered as a preventive service with no cost share for the member when all HAP criteria is met.

### Medicare Diabetes Prevention Program Locations

(sorted by city)

Location	Address		Phone
University of Michigan North Campus Research Center	2800 Plymouth Rd.	Ann Arbor 48109	(734) 936-3387
St. Joseph Mercy Brighton	7575 Grand River Ave.	Brighton 48114	(810) 844-7575
University of Michigan Canton Health Center	1051 N. Canton Center Rd.	Canton 48187-5097	(734) 844-5400
Chelsea Wellness Center	14800 E Old US Hwy 12	Chelsea 48118	(734) 214-0220
St. Joseph Mercy Chelsea	775 S. Main St.	Chelsea 48118-1383	(734) 593-6000
Henry Ford Medical Center- Detroit Northwest	7800 W Outer Dr.	Detroit 48235	(313) 543-6200
Henry Ford Medial Center- Fairlane	19401 Hubbard Dr.	Dearborn 48126	(313) 982-8100
Mercy Primary Care Center	5555 Conner St. Ste 2691	Detroit 48213	(313) 579-4000
Neighborhood Services Organization	9641 Harper Ave.	Detroit 48213-2731	(313) 967-7830
Dexter Wellness Center	2810 Baker Rd.	Dexter 48130	(734) 580-2500
Genesee Health Plan	2171 S Linden Rd.	Flint 48507	(810) 232-7740
University of Michigan- Flint Recreation Center	401 Mill St.	Flint 48502	(810) 762-3441
Grass Lake Senior Center	373 Lakeside Dr.	Grass Lake 49240	(517) 522-8466
Western Wayne Family Health Center	2700 Hamlin Dr.	Inkster 48141-2206	(313) 561-5100
University of Michigan- Livonia Health Center	20371 Farmington Rd.	Livonia 48152	(248) 473-4300
Manchester Wellness Center	710 E. Main Street	Manchester 48158	(734) 428-0850
Gary Burnstein Community Health Center	45580 Woodward Ave.	Pontiac 48341	(248) 309-3752
ISSO Temple	1517 Joslyn Ave.	Pontiac 48341-1314	(248) 681-0193
South Lyon Center for Active Adults	1000 N Lafayette	South Lyon 48178	(248) 573-8175
Henry Ford Medical Center- Sterling Heights	3500 15 Mile Rd	Sterling Heights 48310	(586) 977-9300
Troy Public Library	510 W. Big Beaver	Troy 48084-5254	(248) 524-3538
University of Michigan- Ypsilanti Health Center	200 Arnet St.	Ypsilanti 48198	(734) 482-6221

For member eligibility requirements, program specifics and coverage criteria, please see the attached policy.



## Diabetes Prevention Program for Medicare Advantage Members

### DESCRIPTION

**FUTURE EFFECTIVE DATE: 04/01/2018**

The Diabetes Prevention Program is a structured lifestyle intervention that includes dietary coaching, lifestyle intervention, and moderate physical activity. Based on the NIH-funded research, this CDC-approved, evidence-based Diabetes Prevention Program aims to slow and prevent the development of Type 2 diabetes in Medicare Advantage Members who are pre-diabetic. Prediabetes is a reversible cardio metabolic risk factor in which plasma glucose levels are above normal but not high enough to diagnose type 2 diabetes. These Members are at a 3-5 times higher risk of developing type 2 diabetes and an increased risk of cardiovascular disease and death. Research shows that up to one-third of individuals with prediabetes will develop type 2 diabetes within five years unless they lose weight through healthy eating and increased physical activity.

- Program description:
  - The clinical intervention consists of a minimum of 16 intensive “core” sessions of a curriculum in a group-based, classroom-style setting that provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After the 16 core sessions, less intensive monthly follow-up meetings help ensure that the participants maintain healthy behaviors.
  - The primary goal of the intervention is at least 5 percent average weight loss among participants.
  - Program is covered as a Preventive Service with no cost share for the Member when all the criteria are met.
- Program structure:
  - The program consists of:
    - One year of core and core maintenance sessions:
      - The first 6 months of the core service sessions include 16 core sessions, typically scheduled weekly
      - Followed by core maintenance sessions scheduled monthly in the second 6 months of the core service program (first year).
    - Followed by:
      - Up to two years of ongoing maintenance sessions, depending on eligibility.
      - Core maintenance and ongoing maintenance sessions are considered as three month intervals for attendance purposes.

### COVERED HCPCS CODES

G9873	First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: 1. is furnished by an MDPP supplier during months 1 thru 6 of the MDPP services period; 2. is approximately 1 hour in length; and 3. adheres to a CDC-approved DPP curriculum for core sessions
G9874	Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: 1 is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for core sessions
G9875	Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: 1 is furnished by an MDPP supplier during months 1 through 6 of the MDPP



- services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for core sessions
- G9876 Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that; 1 is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.
- G9877 Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that; 1 is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.
- G9878 Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.
- G9879 Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.
- G9880 The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session. (This code is for reporting purposes only)
- G9881 The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 of the MDPP services period under the MDPP Expanded Model (EM). This is a one time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance sessions.
- G9882 Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: 1 is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.
- G9883 Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: 1 is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.
- G9884 Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that; 1 is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.
- G9885 Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP Model (EM). An ongoing maintenance sessions is an MDPP service that: 1 is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; 2 is approximately 1 hour in length; and 3 adheres to a CDC approved DPP curriculum for maintenance sessions.
- G9890 Bridge Payment: A one time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary.

G9891 MDPP session reported as a line-item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code. (This code is for reporting purposes only).

## Covered Modifier

VM Medicare diabetes prevention program (MDPP) virtual make-up session.

## COVERAGE CRITERIA

1. Diabetes Prevention Program Core Services: Members eligible for the Diabetes Prevention Program Core sessions (first year of the program) must meet ALL of the following:
  - a. Be a HAP Medicare Advantage Plan Member
  - b. Have a Body mass index (BMI) > 25 kg/m<sup>2</sup> (> 23 if self-identified as Asian)
  - c. Have ONE of the following blood glucose test results (indicating a pre-diabetes condition):
    - i. Hemoglobin A1c test with a value of 5.7 – 6.4% (within the past 12 months)
    - ii. Fasting plasma glucose of 110 – 125 mg/dl (within the past 12 months)
    - iii. 2-hour plasma glucose of 140-199 mg/dl after the 75 gram oral glucose tolerance test.
  - d. Have no previous diagnosis of type 1 or type 2 diabetes (with the exception of gestational diabetes) at the initial session.
    - i. A subsequent diagnosis of type 1 or type 2 diabetes will not terminate the Member from the program.
  - e. Have no life-threatening conditions or mobility issues that would prohibit the Member from participating in the program.
  - f. Absence of end-stage renal disease.
2. Subsequent 2-year ongoing services period: Members eligible for the 2 year ongoing services period following the first year of the Diabetes Prevention Core services Program must meet ALL of the following:
  - a. Continued status as a HAP Medicare Advantage Plan Member.
  - b. Member must have met attendance goals for the core program (first year of the program).
  - c. Must attend three sessions within each previous 3-month interval of ongoing maintenance sessions.
  - d. Member must achieve or maintain the required minimum weight loss at least once during the final core maintenance session 3-month interval to have coverage of the first ongoing maintenance session interval.
3. Make-up sessions:
  - a. Core Service sessions - first year: No more than four virtual make-up sessions are allowed within the core services period
    - i. No more than two of these four virtual makeup sessions are allowed in the second 6 months of the core services period.
  - b. Subsequent 2-year ongoing services period: No more than three virtual make-up sessions are allowed per year of the subsequent 2-year ongoing services period.
4. Must be ordered by a HAP/AHL Affiliated or Contracted Provider.
5. Must be supplied by a HAP/AHL Affiliated or Contracted Provider.
  - a. Provider must be a CDC- approved Diabetic preventive program curriculum/provider.
6. Must be performed at a HAP/AHL Affiliated or Contracted Facility.
7. Must be authorized by a HAP Medical Director or designee.

## EXCLUSIONS

1. Continuation of the Diabetes Prevention program is not covered if the Member fails to meet ANY of the following criteria:
  - a. Member fails to meet the attendance requirements.
  - b. Member fails to meet the 5% weight loss requirement.
  - c. Member no longer is covered by HAP.
2. The following items and services are not covered as a component of this program (list may not be all inclusive):

1. Exercise equipment or classes outside of the program, gym memberships.
  2. Diet foods or special foods, vitamins or additives.
  3. Cooking tools, cookbooks, scales (food or weight).
3. Programs offered by non-contracted providers are not covered for HAP/AHL Members.

#### **MEDICARE REFERENCES:**

1. Medicare Diabetes Prevention Program Expansion @ <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-07-07.html>
2. Center for Medicare and Medicaid Services. Proposed Policies for the Medicare Diabetes Prevention Program Expanded Model in the Calendar Year 2018 Physician Fee Schedule Proposed Rule. July 13, 2017. @ <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13-3.html>

This Benefit policy discusses the medical criteria for covered services. Coverage of services for Members is based on the Member's coverage contract. This type of document includes the following: Subscriber contract and associated riders; Member Benefit Guide; or an Evidence of Coverage document (for Medicare Advantage Members).

*Please note:* Coverage as discussed in this policy may not apply to employer groups that are self-funded (referred to as an ASO group [Administrative Services Only]). Each ASO group determines the coverage available to their members which is found in the ASO Benefit Guide and associated riders. If a member has coverage for the type of service covered by this policy, then the medical criteria as discussed in this policy applies to those services.

#### **EFFECTIVE DATE**

04/01/2018

#### **REVISED DATE**

11/06/2017

#### **REVIEWED DATE**

12/31/2017

Disclaimer: This HAP benefit policy was prepared for the intended audience of professional clinical persons. HAP reserves the sole right for interpretation and clarification of this or any HAP benefit policies. Coverage may vary based on the Member's HAP contract.

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